



**N.C. House Appropriations Committee  
on Health and Human Services  
May 4, 2016**

**Department of Health and Human Services  
Continuation Review – Maternal and Child Health  
Programs**



# Continuation Review Program

- **Session Law 2015-241** required state departments and agencies identified for the Continuation Review Program to report their findings to the Fiscal Research Division by **April 1, 2016**.
- The Department of Health and Human Services (DHHS) Maternal and Child Health (MCH) programs were identified for the Continuation Review Program.



# **DHHS Responsibility – Secretary Brajer (1)**

- **Responsible for all DHHS programs addressing maternal and child health (MCH)**
- **MCH programs in the continuation review organizationally located in Division of Medical Assistance (DMA); Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS); and Division of Public Health (DPH)**



# **DHHS Responsibility – Secretary Brajer (2)**

- **Deputy Secretaries ensures cross Divisional collaboration**
- **Division Leadership and staff integrate, implement and monitor programs through various pathways:**
  - **Interagency agreements (> 20 years)**
  - **Informal pathways**
  - **Ad hoc workgroups**



# Full DHHS MCH Continuation Review Report

- > 200 pages
- Recognizes and describes impacts on the health of mothers and their babies
- Describes DHHS 2015-2016 initiatives addressing maternal and child health
- Highlights DHHS programs' focus on using evidence to guide decision-making
  - Evidence-based
  - Evidence-informed
  - Best practice



# Full DHHS MCH Continuation Review Report (1)

- Report appendices provide detailed information on 12 DHHS maternal health programs and 20 DHHS child health programs, including for each program:
  - Mission, goals, objectives, functions, and program activities
  - Whether the program uses evidence-based or evidence-informed interventions, or best practices in care



# Full DHHS MCH Continuation Review Report (2)

- Funding (by source, including FTEs)
- Problem or need addressed and performance measures
- Link between funding and statewide/societal impact **(see handout)**
- Program justification (rationale for continued funding and consequences of discontinuing funding)
- Recommendations (improving services, efficiency or effectiveness; reducing costs or duplication; statutory, budgetary or administrative changes)



# Impacts on the health of mothers and their babies

- Improving maternal and child health outcomes is neither simple nor straightforward.
  - Requires wholesale systems change;
  - Systems change requires investment and commitment from diverse health and non-health partners; and
  - Systems change does not occur over a short time frame.
- Causes of poor health outcomes in women and children involve multiple factors, including:
  - Availability of resources
  - Means to access resources (transportation; ability to miss work)
  - Mother's health prior to pregnancy; chronic health conditions





# Impacts on the health of mothers and their babies

## – Life Course Perspective

- Health is an integrated continuum with various stages connected to each other.
- Focuses on the interaction of:
  - Social, environmental, and economic factors
  - How they contribute to health outcomes across a person's life course
- A nationally accepted means to examining and addressing health outcomes
  - Considers health equity
  - With equity, to achieve equal outcomes, the resources and services may need to be different for different populations and communities.



# **Impacts on the health of mothers and their babies**

## **– Public and private partners**

- **Changing health requires the efforts of not only public and private health and behavioral health partners in North Carolina, but also the efforts of diverse non-health partners (both public and private) in our state.**
- **The degree to which non-health partners in North Carolina are currently engaged in the health of mothers and children is varied and limited to certain sectors, programs or locales.**



# **Complex factors impacting DHHS MCH programs and service delivery system**

**“Why we do what we do the way we do it”**



# **“Why we do what we do the way we do it” (1)**

- **Disparities in health outcomes exist amongst certain groups.**
  - For example, for infant mortality, African American and American Indian populations require a focus of DHHS resources.
- **There are geographical differences in MCH outcomes which must be targeted.**
  - Racial and ethnic disparities
  - Rural and urban disparities



## **“Why we do what we do the way we do it” (2)**

- **One size does not fit all**
  - Every evidence-based or evidence-informed strategy will not work in every community.
  - Each community has its own unique set of partners, circumstances, and challenges and strengths around maternal and child health issues.
  - Communities often must take different pathways to obtain the same objective.
  - And some communities require more than a single intervention to obtain an objective.



## **“Why we do what we do the way we do it” (3)**

- **Federal funding directs DHHS to focus resources on certain programs or interventions.**
  - **Mandates for the use of federal funds occur in both specificity of diseases or outcomes which have to be addressed and sometimes in geographical areas for targeting interventions.**



## **“Why we do what we do the way we do it” (4)**

**–For example,**

- Title V Maternal and Child Health Block Grant requires States to use at least 60% of Block Grant funds for primary and preventive health services for children and for children with special healthcare needs.**
- Substance Abuse Prevention and Treatment Block Grant requires specialized services for pregnant women with substance use disorder, priority admission, a capacity management system and other procedural requirements.**



## **“Why we do what we do the way we do it” (5)**

- **Legislative-directed allocations from existing federal block grant funding may not always align within a planned, sustainable and cohesive approach to improvements in maternal and child health.**
  - **Such allocations from the Maternal and Child Health Block Grant have resulted in reduced funding to Local Health Department maternal health, family planning and child health services since SFY 2011-2012.**
  - **Some non-Local Health Department entities have also been impacted (Healthy Beginnings community based organizations).**





# 2015 Legislative Session - Emphasis on Maternal and Child Health

## 3 Broad Goals:

- Lowering North Carolina infant mortality (death) rate
- Improving birth outcomes
- Improving the overall health status of children ages 0-5 years



# Looking forward – DHHS Vision for Improving Maternal and Child Health (1)

**DHHS vision** consists of the following components:

- A healthy community depends on healthy births, and healthy births depend on preventive measures before, during, and after pregnancy.
- We want to help everyone who wants to have children have a healthy pregnancy.
- We want to help everyone who is sexually active and does not want to be pregnant.
- We want to engage men and women and communities in this conversation.

# Looking forward – DHHS Vision for Improving Maternal and Child Health (2)

**DHHS will address this vision in prioritized geographical areas by focusing on evidence-based interventions and best practices through collaborating with:**

- **Local Health Departments**
- **Primary care providers**
- **Perinatal substance use services**
- **Faith-based communities**
- **Other community partners (domestic violence, social services, etc.)**

# Looking forward – DHHS Vision for Improving Infant Mortality and Birth Outcomes (1)

## **Evidence-based interventions and best practices :**

- Preconception care
- Smoking cessation
- Substance use – education, outreach, prevention, treatment, and recovery
- Early access to prenatal care
- Pregnancy Medical Homes (for both Medicaid-eligible and non-Medicaid eligible citizens)
- 17-P (alpha 17 hydroxprogesterone caproate, which reduces pre-term births)
- LARCs (Long Acting Reversible Contraceptives) to improve pregnancy spacing
- Promotion of breastfeeding

# Looking forward – DHHS Vision for Improving Infant Mortality and Birth Outcomes (2)

- **Infant Mortality Summit in March 2016**
  - Brought public and private partners together to examine best practices and leverage existing and future resources
- **Release of the Perinatal Health Strategic Plan in April 2016**
  - Strengthening the family unit by focus on improving health care for women
  - Strengthening families and communities (including father involvement)
  - Addressing social and economic inequities

# Looking forward – DHHS Vision for Improving Maternal and Child Health

**\$2.5M appropriations in SFY 16-17 for competitive grants process to fund Local Health Departments to address 3 priority goals (4/12/16 presentation to HHS JLOC).**

# **Looking forward – DHHS Vision for Improving the Health of Children Ages Birth to Five (1)**

- **Educate women, men, families and medical providers about best practices in preconception and prenatal care and child health.**
- **Educate citizens and providers on how to access DHHS programs and services throughout the State.**
- **Promote statewide awareness of the impacts of the use of alcohol, tobacco and other substances during pregnancy.**
- **Provide access to primary preventive care for children in a medical home with age appropriate screening.**

# Looking forward – DHHS Vision for Improving the Health of Children Ages Birth to Five (2)

- Implement and promote evidence-based or best practice screening methods. Includes, but is not limited to:
  - maternal depression screening
  - domestic violence screening
  - child mental health screening
  - newborn hearing and metabolic screening
  - maternal substance use screening



# **Looking forward – DHHS Vision for Improving the Health of Children Ages Birth to Five (3)**

- **Ensure the care of children is coordinated across multiple public and private health partners and providers.**
- **Ensure children are vaccinated consistent with national best practice recommendations.**
- **Ensure children are screened for developmental milestones and appropriate referrals for services are made when needed.**
- **Promote proper nutrition for mothers and their children to ensure children have the best chance to develop, learn, and succeed in North Carolina.**

# **Looking forward – DHHS Vision for Improving the Health of Children Ages Birth to Five (4)**

- **Emphasize substance use prevention, screening, intervention and treatment to promote healthy parenting and healthy families.**
- **Increase positive parenting skills for mothers and fathers.**
- **Promote safe and healthy family units to ensure families stay together in a stable and nurturing environment for children.**

# Questions?